

Framework for Developing Aging and Disability Resource Centers In Conjunction with Managed Care Expansion

Purpose: *The Department's goal is to develop a statewide system of Aging and Disability Resource Centers (ADRCs) that complements and supports the statewide expansion of managed long term care over the next five years. The timing of start up of new ADRCs is such that key ADRC services will be available when a CMO starts operating in the area. Requirements for ADRC services, organization and procedures are contained in state statute, administrative rule, and the 2006 ADRC contract. The following is intended to provide additional guidance to the managed care planning consortiums and ADRC sub-committees of planning consortiums on issues specifically related to development of new ADRCs in conjunction with managed care expansion. Additional information to support planning efforts will be distributed on a periodic basis.*

- 1. ADRC Availability.** ADRC services must be available in a county at or before the time when a long term care managed care organization begins operation in that county.
- 2. Who Can Be an ADRC?** An ADRC can be a county or tribal entity, a multi-county consortium, a private non-profit organization, or a combination of the above. A county or tribal government may be both an ADRC and a care management organization (CMO), so long as there is adequate separation in the governance and organizational structure. More guidance explaining what "adequate separation" is under different managed care models will be forthcoming.
- 3. Multi-County ADRCs.** Development of ADRCs serving a multi-county region is encouraged. Some of the components that define a multi-county ADRC are a shared governing board or committee, provision of resource center services throughout the entire multi-county area, use of a common client tracking and single resource data base for the multi-county area, and a single budget and expenditure report. A description of possible approaches to multi-county ADRCs, which vary in the degree of collaboration, will be provided in the near future.
- 4. Service Area.** While ADRC services must be available to consumers throughout the service area of a new managed care organization, the boundaries of an ADRC service area do not need to be the same as those of any managed care organization. An ADRC's boundaries may extend beyond the service area of the CMO or, alternatively, multiple ADRCs may provide coverage for the service area of a larger, regional CMO. In either case, where an ADRC is operating in a given county or through a tribe, it must make services available throughout the entire county or tribal jurisdiction. Generally not more than one ADRC will serve any given county, except to the extent that the Department contracts with a tribe to serve tribal members. More than one managed care entity may serve a given geographic location, and an ADRC needs to be prepared to work with all CMOs in its service area.
- 5. Target Populations.** ADRC services will be available to the elderly, adults with developmental disabilities, adults with physical disabilities and adults with mental illness and/or substance use disorders. New ADRCs will be required to serve the same target populations as those served by the managed care entity in their service area by the time the CMO begins operation and may phase in services to other target populations according to an approved Service Delivery Plan. ADRCs are expected to have demonstrated competencies relating to and to be accessible to all of the populations they serve.
- 6. Scope of Responsibilities.** ADRCs developed in conjunction with managed care expansion are expected to be full service ADRCs, serving a broad population of elderly persons and individuals with disabilities and their families as well as those who are potential enrollees in the managed care program. It is essential that the ADRC have in place necessary protocols and procedures to facilitate financial eligibility determinations, conduct functional eligibility determinations and carry out its enrollment responsibilities within required timeframes for persons enrolling in care management organizations. Key responsibilities in the ADRC contract include providing information and assistance, prevention, benefit specialist services, long term care options counseling, and access to a wide array of public and private programs and services, including publicly-funded long term care. A complete description of the service requirements for new as well as existing ADRCs is contained in the 2006 ADRC contract document.

7. **Additional Responsibilities Related to the Transition to Managed Care.** New ADRCs will be expected to be fully qualified and prepared at the outset of managed care operations to provide support for timely eligibility determination, coordination of enrollment counseling and enrollment in long term managed care programs.

Initial long-term care functional screens for current waiver recipients who are considering enrolling in a managed care program may be conducted by current certified screeners in the county waiver agency. Subsequent to the transition period, all initial functional screens must be conducted by a certified screener employed by the ADRC.

8. **Marketing.** ADRCs will perform outreach and marketing to inform the public about their services. ADRCs will also provide information about all available managed care entities and other long-term care options, as well as information about entitlements to public benefits, but will not conduct marketing activities on behalf of a particular managed care organization.

9. **Funding.** As stated in the goal, it is the Department's intent to fund ADRCs in every managed care service delivery area. Federal match is available for some ADRC functions, and 100% time-reporting is required.

Funding for new ADRCs will be made available in time to ensure that ADRCs are available to do options counseling and eligibility determination by or before the time the CMOs begin operation. To the extent funds are available, additional ADRCs will be funded to achieve statewide coverage in five years.

10. **ADRC Planning.** Planning for ADRC development should be coordinated with planning for development of the managed care organization. Planning for the ADRC should aim for a fully-functioning ADRC with a focus on support to consumers transitioning from existing long term care programs and waiting lists to new models of managed care offered in the ADRC service delivery area. Planning should engage all the necessary stakeholders for this purpose including at least the following program areas: The managed care organization or its planning group, County Aging Programs, Community Integration Programs for people with developmental disabilities, Community Options Programs for elders and people with physical disabilities, County Programs for people with mental health or substance abuse needs, County Social Services programs for adults and County Economic Support Units. It is also important to involve Tribes, Independent Living Centers and public health agencies in the planning area at strategic points in the planning process. A proposed planning process will be offered in a document titled *Guide to Planning for an Aging and Disability Resource Center*.

11. **Phase-In of ADRC Responsibilities.** The manner and timing of service delivery implementation will be described in a Service Delivery Plan prepared by the ADRC for Department review and approval. Requirements to perform particular functions may be waived during the managed care organization's initial implementation phase, when requested by the ADRC and approved by the Department.

12. **ADRC Application and Approval Process.** In the areas where a CMO is ready to start operating, there will be a process of approval of ADRCs based on an application submitted to DHFS. The Department will provide the format for the application. Application requirements will incorporate the elements in the Request For Proposal (RFP) issued in 2005, including a plan and budget, to be submitted to the Bureau of Aging and Disability Resources for review and approval. The applications will include all the elements required of ADRCs that were funded in 2005 and 2006.

13. **Sustainability.** An ADRC contract will be renewed annually, provided that it continues to adequately perform the required ADRC functions.

14. **For Additional Information.** Additional information will be provided through a variety of methods, including postings on the Department website, web casts, and regional meetings and presentations. Questions can be directed to RCTeam@dhfs.state.wi.us.

15. **How to Communicate with DHFS.** Communication with the Department regarding ADRC planning, development, funding and operations should be directed to Ann Marie Ott, ADRC Coordinator, in the Bureau of Aging and Disability Resources. Ann Marie can be reached at 608-261-7809 or RCTeam@dhfs.state.wi.us.

Communication regarding managed care organizations should be directed Kathleen Luedtke, Comprehensive Systems Change Manager, in the Division of Disability and Elder Services or to the Department liaison who has been assigned to the managed care consortium. Kathleen can be reached at 608-267-4896 or luedtka@dhfs.state.wi.us.